



## PROVIDER NETWORK NEWSLETTER



### WELCOME TO THE DETROIT WAYNE MENTAL HEALTH AUTHORITY PROVIDER NETWORK NEWSLETTER

This publication is provided monthly and includes DWMHA Provider Alerts, Provider Network Changes and additional related topics pertaining to the DWMHA System.

#### **Mission**

We are a safety net organization that provides access to a full array of services and supports to empower persons within the Detroit Wayne County behavioral health system.

#### **Vision**

To be recognized as a national leader that improves the behavioral and overall health status of the people in our community.

#### **Do I Need to Complete the Impaneling Process?????**

The DWMHA is required by contract with Michigan Department of Health and Human Services (MDHHS) to ensure that our panel of Providers adheres to the necessary criteria to offer behavioral health services which meet appropriate Medicaid and Medicare standards. All DWMHA contracted Providers delivering clinical services must be impaneled.

During the transition of closing out contracts with Managers of Comprehensive Provider Networks (MCPNs) and contracting directly with all Providers, you may have received a contract from DWMHA without the completion of the Impaneling Process. If your organization is in this category, you are still required to complete it. The Managed Care Operations Unit at DWMHA has been in contact with multiple organizations informing them of what is needed to complete this process. It is imperative that your organization comply with any request for documents needed if you would like to remain a contracted Provider.

If your organization received a contract from DWMHA effective 10/1/2018 but has not started this process or if you started the process and are not sure if it has been completed, you should email DWMHA at [pihpprovidernetwork@dwmha.com](mailto:pihpprovidernetwork@dwmha.com) or call (313) 344-0692. It is our full intent to work with each Provider to ensure that you receive any assistance needed to be successful in this process.

Please remember, however, if your organization fails to complete this process, DWMHA will no longer be able to contract with you and you will no longer be able to serve DWMHA enrollees.

Listed below are helpful hints to complete the Impaneling Application:



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### “HELPFUL HINTS”

1. Complete every question.
2. Include information for each license/certification. Make sure they are all current.
3. Complete the staff list, identifying **all** staff that provide services in the program.
4. Pay close attention to the attestation section and make sure it is completed accurately.
5. The Facility Profile needs to be completed for each location you would like impaneled.
6. Be sure to review the attachments list and attach all documents requested. The most common document missed is the **fire safety inspection**. This inspection needs to be current/occurred within the last year.
7. Don't forget to sign the application.

### What's Coming Up

In the next few weeks, your organization will receive a letter about completing a Control and Ownership Interest Form. Your organization may have completed this in the past. Upon receipt of this correspondence, please review to determine who in your organization should provide this information and complete it per the instructions.

DWMHA is required to comply with the Balanced Budget Act and other Federal laws/regulations which govern the delivery of behavioral health services for Providers receiving Medicaid and/or Medicare. The MDHHS and the Center for Medicare and Medicaid Services (CMS) require Prepaid Inpatient Health Plans (PIHP) and Community Mental Health Services Programs (CMHSP) to acquire information about the ownership and control of Providers that are reimbursed for services with money from federal programs. DWMHA is both a PIHP and a CMHSP.

As a result, under federal regulations, all DWMHA Providers must comply with this request to continue to receive federal healthcare dollars. In the request, DWMHA contact information will be provided should your organization have questions. Thanking you in advance for your cooperation.



### IMPORTANT INFORMATION ON CLAIMS SUBMISSION



When billing for payment, the Provider must select the correct contract record for the person receiving services. If they have I/DD then the Provider must select the DD outpatient contract. If the individual is a mental health consumer, the Provider will need to select the MH Adult or Child contract record based on their age. If they have an SUD diagnosis, the Provider must select the DWMHA SUD contract record. Failure to select the correct contract record, will result in delay of processing your claim.

**If you are unsure of which contract record to select, please contact the Claims Department at (313) 344-9099**

Program	Contract #	Contract Issued By	Dates
DD Outpatient	MHSVCDD	DWMHA	Effective: 10/01/2018 Expiration: 09/30/9999
MH Adult Outpatient	MHSVCMIA	DWMHA	Effective: 10/01/2018 Expiration: 09/30/9999
MH Child Outpatient	MHSVCMIC	DWMHA	Effective: 10/01/2018 Expiration: 09/30/9999
CMH Inpatient	CMHINPT	DWMHA	Effective: 09/24/2018 Expiration: 09/30/9999
Dual Eligible (MI Health Link)	ON-14687-1415-01	DWMHA	Effective: 05/01/2015 Expiration: 12/31/2018
Autism-Intake	28803-1617-01	DWMHA	Effective: 10/01/2016 Expiration: 09/30/2099
Substance Use Disorder Treatment	25360-1718-01	DWMHA	Effective:10/01/2017 Expiration:09/30/2099

**For questions or concerns about Impaneling, Credentialing, Contracting or Claims, call the Provider Information Helpline at: (313)-344-0692**